

Recommended Course Completion Certificate

NAME OF SPONSOR ORGANIZATION

VERIFICATION OF CONTINUING PROFESSIONAL EDUCATION CREDIT

Participant Name: _____ participated in
the following continuing professional education program sponsored by (name of
organization):

Course title _____

Instructor _____

Date _____

Location _____

***Total CPE Credits Earned** _____

Technical Hours _____

Non-Technical Hours _____

Participant signature _____

- * This program is designed and administered to qualify for the noted hours of credit.
However, each participant is responsible for claiming credit only for the actual hours of
attendance.

Certified Public Accountants wishing to maintain a record of their participation in continuing
education programs should sign this certificate and maintain it in their files. It is designed to
be used as a reference in certifying your completion of the CPE requirements of the
Washington State Board of Accountancy.